CMS Electronic Health Record (EHR) Demonstration Project Overview

Presentation to
Medical Association of Georgia, 154th House of Delegates Meeting
October 4th 2008

RENEA STEELE, DIRECTOR Office of Health Information Technology and Transparency (OHITT)

Georgia Department of Community Health

Department Community Health Mission

ACCESS

Access
to affordable, quality health care in our communities

RESPONSIBLE

Responsible
health planning and use of health care resources

HEALTHY

Healthy
behaviors and improved health outcomes

Agenda

- Overview of DCH
- Overview Office of Health Information Technology and Transparency (OHITT)
- EHR Demo Overview
- Practice Requirements
- Measurement of HIT and Quality

Department of Community Health

- Provides health care benefits to over two million citizens under various Medicaid and PeachCare for Kids™ programs and the State Health Benefit Plan (SHBP) for state employees, teachers, retirees and their dependents.
- Develops health policy,
- Approves the development and expansion of health care services and facilities through the Certificate of Need program, and
- Provides access to other resources for affordable and quality health care (including Georgia Families, Georgia Enhanced Care, and Georgia Health Partnership).

Department Community Health Initiatives FY 2008 and FY 2009

FY 2008

- Medicaid Transformation
- Health Care Consumerism
- Financial Integrity
- Health Improvement
- Solutions for the Uninsured
- Medicaid Program Integrity
- Workforce Development
- PeachCare for Kids™ Program Stability
- SHBP Evolution
- Customer Service and Communication

FY 2009

- Medicaid Transformation
- Health Care Consumerism
- Financial & Program Integrity
- Health Improvement
- Solutions for the Uninsured
- Workforce Development
- PeachCare for Kids™ Program Stability
- Customer Service

Office of Health Information Technology and Transparency

HITT Accomplishments

October 2006

Governor Sonny Perdue issued an executive order creating the HITT Advisory Board .

November 2006

The Georgia Department of Community Health (DCH) created HITT Advisory Board to advise DCH on best practices for encouraging the use of HIT and on a statewide strategy to enable health information to be available and transparent.

12 members and 16 ad-hoc.

February 2007

Governor Sonny Perdue issued an executive order on Health Care Transparency.

More informed health care choices lead to a more competitive marketplace, which will improve healthcare in Georgia

October 2007

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Received a $3,929,855 Medicaid Transformation Grant from CMS to assist with the implementation of Transparency Web site for health care consumers.

HITT Accomplishments

November 2007

Georgia Department of Community Health

Awarded $853,088 in HIE grants to four organizations that will help foster the development of HIE, electronic prescribing, and/or adoption of electronic medical records across Georgia.

December 2007

RTI International

DCH submitted a proposal to participate in the Health Information Security and Privacy Collaborative with seven other states. Purpose of collaborative is to build consumer trust in privacy and security of electronic health information.

January 2008

Georgia HITT

DCH announced creation of the Office of HITT.

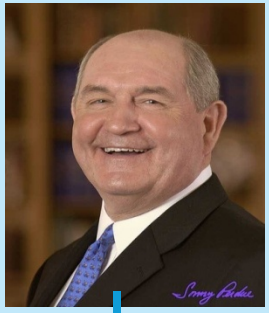
February 2008

Secretary Leavitt announced Georgia's HHS EHR demonstration project.

Dr. Medows named Georgia's convener.

HITT Accomplishments

March 2008



Governor Sonny Perdue signed an executive order creating the Georgia RX Exchange with DCH, DJJ, DOC and DHR

May 2008

DCH submitted an application on behalf of the Georgia Electronic Health Record Community Partnership for the EHR Demonstration project. The research project will study the impact of incentives on EHR adoption and quality by primary care providers

May 2008

DCH awards Transparency Web site contract to IBM. IBM will be responsible for building the infrastructure of the Georgia Transparency Web site for health care consumers

HITT Accomplishments

June 2008

Georgia named Medicare Demonstration Community, one of 12 pilots sites in the nation

Electronic Health Records (EHR) Demonstration Overview

ELECTRONIC HEALTH RECORDS COMMUNITY
CONNECTING TO BETTER HEALTH CARE

Overview

- 5-year demonstration project designed to show that widespread adoption of EHRs will:
  - Reduce medical errors
  - Improve quality of care for approximately 3.6 million consumers
- Two implementation phases (each 5 years)
- Up to 2,400 practices will be recruited nationwide
  - 200 per site (community)
- Randomized design
  - 1,200 assigned to a treatment group
  - 1,200 assigned to a control group

Phased Implementation

Phase 1

1. Louisiana
2. Maryland / DC
3. Pittsburg (11 counties)
4. South Dakota (some counties in IA, MN and ND)

Phase II

1. Alabama
2. Delaware
3. Florida (Jacksonvile & 6 counties)
4. Georgia
5. Maine
6. Oklahoma
7. Wisconsin (some counties)
8. Virginia

Practice Requirements

Size

- Small to medium-sized practices (<= 20 total providers)
- MDs, DOs, NPs and PAs
- At least 50 Medicare FFS beneficiaries for which they provide the majority of the primary care visits

Specialty

- Primary care, Internal Medicine, Family Practice General Medicine and Geriatrics
- Medical sub-specialists only if practice is predominately primary care

More Practice Requirements

- May or may not have EHR at time of application
- Must bill office visits on a CMS-1500 form or electronic equivalent
  - Most community health centers bill for office visits on an institutional claim form and will likely not be eligible
- Recruitment cannot be restricted to a specific network, health plan, or other affiliation

Medicare Beneficiary Requirements

- Practices must provide the plurality of primary care visits for at least 50 Medicare beneficiaries

- FFS Only - excludes beneficiaries enrolled in Medicare Advantage (MA) plans
  - Medicare must be primary - excludes “working” aged
  - Must have both A & B
  - Excludes those enrolled in hospice

Beneficiary Assignment

- Beneficiaries assigned to practice with greatest # of primary care visits during reporting period
  - Assignment at the practice level vs individual physician
  - Accurate assignment dependent upon correct use of provider numbers, diagnosis and procedure codes
- All assigned beneficiaries categorized based on diagnoses on all claims (not just primary care providers)
  - Misc. chronic conditions
  - Specific chronic condition: CHF, CAD, Diabetes
- Beneficiaries assignment not fixed – can vary each year based on where patient received most care during reporting period

Measurement of HIT Adoption

- Treatment Group practice – Complete the Office System Survey (OSS) each year
  - OSS is modified version of tool used by Quality Information Organization (QIOs) for Doctor Office Quality – IT (DOQ-IT) program & Medicare Care Management Performance (MCMP) Demo
- Control group practices -- years 2 & 5 only
- Practices must have implemented CCHIT* certified EHR by end of 2nd year and using core functions to stay in demonstration
  - Patient visit notes
  - Recording of prescriptions
  - Recording of lab/diagnostic test orders and results
- Higher scores yield higher payments – More sophisticated use of EHR score higher on OSS

* *CCHIT = Certification Commission for Healthcare Information Technology*

Clinical Quality Measures

- 26 Clinical Measures
  - 8 Diabetes Mellitus (DM)
  - 7 Congestive Heart Failure (CHF)
  - 6 Coronary Artery Diseases (CAD)
  - 5 Preventive Service (PS)
- Pay for Reporting in Year 2 (not reported until end of the 2nd year)
- Pay for Performance in Years 3-5

Evaluation

- Independent Evaluation by Mathematica Policy Research (MPR)
  - Impact on rate of adoption of EHRs
  - Impact on Quality of Care
  - Impact on Medicare costs
- Data Sources
  - OSS
  - Quality measures
  - Claims
  - Practice Surveys
  - Beneficiary Surveys
  - Site visits
- All Data will be kept confidential

Incentive Payments

Two separate per Medicare beneficiary incentive payments:

1. HIT incentive payment for performance on Office Systems Survey (OSS)
2. Quality incentive payment for reporting and performance on 26 clinical measures

HIT Adoption Incentive Calculations

HIT Incentive (Years 1-5)

- $45 x Score on OSS x # beneficiaries assigned who have a chronic condition

Example:

Practice A was assigned 100 beneficiaries with a chronic condition for the reporting year and scores 60% on the OSS

Payment: 60% x 100 x $45 = $2700

The next year Practice A is assigned 142 beneficiaries with a chronic condition and scores 75% on the OSS

Payment: 75% x 142 x 45 - $4792.50

Quality Incentive Calculations

- Quality Incentive - Pay for Reporting (Year 2)
  $20 x # beneficiaries assigned per condition

- Quality Incentive – Pay for Performance (Years 3-5)
  - DM/CHF/CAD: $45 x Composite score for category x # beneficiaries with given condition
  - Preventive Services: $25 x Composite score for category x # beneficiaries with a range of chronic conditions

- Per Beneficiary Payment tied to # beneficiaries assigned in each condition category

- Patients with multiple conditions counted in every category applicable

Summary: Payments By Year

Year 1

- Payment for use of HIT based on OSS score
- No payment if core functionalities not used

Year 2

- Payment for use of HIT based on OSS score
- Payment for *reporting* quality measures
- No payment for HIT unless quality measures reported
- Practice terminated from demonstration if it has not adopted CCHIT
- EHR and using minimum core functionalities

Years 3 - 5

- Payment for use of HIT based on OSS score
- Payment for *performance* on quality measures
- Minimum quality performance required to receive HIT payment

Maximum Potential Payment

Basis of Payment	Years Applicable	Max/Provider/yr	Max/Practice/yr
EHR Adoption (OSS)	All 5 years	$5,000	$25,000
Reporting of Clinical Quality Measures	Year 2	$3,000	$15,000
Performance on Clinical Quality Measures	Years 3-5	$10,000	$50,000
Total Potential Payment over 5 years		$58,000	$290,000

Application and Selection Process

- Online applications will be available in the Fall of 2009
- CMS will review all applications and make decisions regarding eligibility
- Eligible practices will be randomly assigned to a Treatment or Control Group
- Treatment Groups will receive the incentives
- Control Groups
  - Not eligible to receive incentives
  - Required to complete OSS at end of 2nd and 5th year (will be paid to complete OSS)
  - Not required to report on Quality Measures
  - No Requirements for or restrictions on EHR implementation
  - No limitation on demo or control group participation in other P4P or EHR incentive programs

Georgia's EHR Demonstration Implementation Time Line

Date	Activity
February through April 2008	Community Stakeholder meetings and forums
April through May 9th 2008	Application draft and comment
May 13, 2008	Submit Application
June 2008	CMS notifies Demonstration sites selected
August 2008 – July 2009	EHR Community Partners - physician recruitment planning
July 2009	CMS Kick off meetings Georgia EHR Community collaboration with CMS on Recruitment strategy
September through November 2009	Recruit individual practices
June 2010	Demonstration Year 1 Begins
June 2011	Year 2
June 2012	Year 3
June 2013	Year 4
June 2014	Year 5
May 2015	Demonstration Ends

Key Dates

Summer of 2011	Practices complete 1st OSS
Fall 2011	Practices receive 1st HIT incentive payment
May 2012	All practices must have implemented EHR
Summer 2012	Complete 2nd OSS
Fall 2012	Submit Year 2 Quality data
Winter 2013	Incentive for OSS and Quality reporting
2013 to 2015	Incentive OSS & Quality Performance
May 2015	Demonstration Ends

Thank you